



Office Of the Comptroller  
Commonwealth Of Massachusetts  
Continuing Grant (Non-ISA) Set Up Form

AMENDMENT DATE:	SUBMIT FORM TO:	Revenue Bureau - Office of the Comptroller One Ashburton Place, 9th Floor Boston, Massachusetts 02108	
BUDGET FISCAL YEAR:			
DEPARTMENT NAME:			
Revenue Budget		CTR ONLY	
Revenue Source		Revenue Bureau will assign	
<b>Central Budget Structure (BGCN - BQ89)</b>		COMPLETED BY DEPARTMENT	
Appropriation Number			
Payroll Indicator      Yes <input type="checkbox"/> No <input type="checkbox"/>			
Budgetary Estimated Receipts \$			
BGCN Document Identification No.			
<b>Cost Accounting Structure (BGRG- BQ88)</b>		COMPLETED BY DEPARTMENT	
Federal Grant Award Amount \$			
BGRG Document Identification No.			
<b>Major Program Table Set-Up</b>		COMPLETED BY DEPARTMENT	
Major Program (6 chars. or less):			
Major Program Name:			
Major Program Short Name (same as appropriation number):			
<b>Program Period Table Set-Up OR Extended Program Period</b>		COMPLETED BY DEPARTMENT	
	Effective To Date:	Effective To Date:	
Program Period:			
Program Period Name:			
Short Name:			
<b>Program Table Set-Up</b>		COMPLETED BY DEPARTMENT	
	Effective From Date:	Effective To Date:	
Program Code (10 char or less, 1 <sup>st</sup> character F if Federal Grant):			
Program Name:			
Program Short Name:			
Sub Account:			
<b>Funding Identification</b>		COMPLETED BY DEPARTMENT	
Federal Catalog Agency (2 digit code):			
Federal Catalog Suffix: (3 digit code):			
Letter of Credit No.:			
Payment System ( e.g. Smartlink):			
<b>Mandatory Requirements - Attachments Included</b>			
Federal Grant Award Letter		Yes <input type="checkbox"/>	
Approved By Committee		Yes <input type="checkbox"/>	
COMMENTS:			

Department Head/ Authorized Signatory: \_\_\_\_\_

Grant Liaison \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

## Instructions for Completion of a Continuing Grant (Non-ISA) Set Up Form

<b>DATE:</b>	Enter the Date the form submitted to the Office of the Comptroller
<b>BUDGET FISCAL YEAR</b>	Enter the Budget Fiscal Year i.e. 2005
<b>SUBMIT FORM TO:</b>	All Grant Forms must be forwarded to the Office of the Comptroller Revenue Bureau for processing, at the address provided. Forms addressed to other Bureaus could affect processing time.
<b>DEPARTMENT NAME:</b>	Enter the name of the department submitting the form
<b>Revenue Budget</b>	Section completed by CTR
<b>Central Budget Structure</b>	Enter the <b>Appropriation Number</b> assigned by ANF, a <b>Payroll indicator</b> of <b>Yes or No</b> , the amount of the <b>Estimated Budgetary Receipts</b> , (the amount of estimated cash flow from the grant during <b>this state fiscal year including accounts payable</b> ) and the <b>MMARS Document Identification Number</b> for the Central Expense Document ( <b>BGCN</b> )
<b>Cost Accounting Structure</b>	Enter the dollar amount of the <b>entire Federal Grant Award</b> . <b>Note: If the entire award is modified (increased or decreased) enter the amount</b> , and the <b>MMARS Document Identification Number</b> for the Reimbursable Grant Budget Document ( <b>BGRG</b> )
<b>Major Program Table Set-Up</b>	<b><u>Note: If there is no change in the Major Program, no entry is required</u></b> This sets up the cost accounting hierarchy with groups of activities (programs) all part of one structure. For example – a major program could be wastewater management – WASTE. All documents (contracts, encumbrances, payments will reference this code.) Enter the 6 (or fewer) character <b>Major Program Code</b> assigned by the department, the full <b>Major Program Name</b> , the <b>Major Program Short Name</b> must be the Appropriation number.
<b>Program Period Table Set-Up OR Extended Program Period (EPP)</b>	This establishes the effective period of the grant. <b>Please note that end dates are “hard edited” against by the system and take into account the accounts payable period for grants when establishing this date.</b> Multiple periods allow for easy periodic reporting aligned to federal reporting dates. However, a parent department may choose to use 1 reporting period – EPP – that encompasses all dates. The downside of this method is that specific periodic federal reporting by the system is not achieved. Enter the <b>Program Period or Extended Program Period (EPP)</b> information. Enter the <b>Program</b> (to and from) <b>Effective Dates</b> , the <b>Program Period Name; Short Name</b> .
<b>Program Table Set-Up</b>	Enter the 10 (or fewer) characters. <b>All Federal Program</b> codes must begin with the letter <b>F</b> . This is the second level of the cost accounting hierarchy. Programs are individual activities within a Major Program. Using the major program example, a program could be for stormwater discharge – the program code would be <b>Fstormdis</b> . All documents (contracts, encumbrances, payments will reference this code.) If a subaccount changes, this code must change. The <b>program short name</b> must reference the appropriation account. The <b>subaccount</b> must be the subaccount in the award letter or the draw on the federal grant will fail.
<b>Funding Identification</b>	Enter the 2 digit Federal Catalog Agency code and the 3 digit Federal Catalog Suffix code from your award letter or contact the appropriate agency. This must align with the grant award. The proper grant identification information is a federal reporting requirement.
<b>Mandatory Requirements - Attachments</b>	The Office of the Comptroller requires that the documents listed as Mandatory Requirements – Attachments be provided for approval to occur.
<b>Comments</b>	Please provide explanation for continuation that may not be evident in the completed fields, if required.
<b>Department Head/Authorized Signatory</b>	Please secure the appropriate signature. The Department Head or Authorized Signatory must enter signature and date in ink.
<b>Grant Liaison</b>	Please enter the name of the Department Grant Liaison and a contact number and email address should questions arise concerning your continuing grant.